PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/109098

| | | | | | 19/ | <u> </u> | 101 | <u>0</u> |
|--|-----------------------------------|---|----------------|--------------------|------------------------|------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I | | | | SMALL E | | | OTHER | R THAN. |
| TOTAL CLAIMS | (Column 1) | (Column 2) | | TYPE [| | OR | SMALL | ENTITY |
| FOR | | | | RATE | FEE | _ | RATE | FEE |
| | NUMBER FILED | NUMBER EXT | RA | BASIC FEE | 385 | OR | BASIC FEE | OFFE |
| TOTAL CHARGEABLE CLAIMS | minus 20= | * | | X\$ Q = | | OR | X\$18 = | |
| INDEPENDENT CLAIMS | minus 3 = | * | | X43= | ļ | 1 | x8b= | |
| MULTIPLE DEPENDENT CLAIM PI | RESENT | | | | | OR | | |
| * If the difference in column 1 is | less than zero, onto | r "O" in column | | +145= | | OR | +290= | |
| • | | • • | 2 | TOTAL | | OR | TOTAL | |
| (Column 1) | | mn 2) (Colum | nn 3) | SMALL | ENTITY | OR | OTHER SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT Total | HIGH NUM PREVIK PAID | BER PRESE | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * | Minus *** | 20 - | | x\$9= | | OR | X\$(8= | , |
| FIRST PRESENTATION OF MU | | | , | XK3= | | OR | X36= | |
| | | | | +145 = | | OŘ | - | |
| | ,, | 0-10-50. | Al | TOTAL DDIT. FEE | / . | OR , | TOTAL ADDIT. FEE | 1 |
| (Column 1) | (Colum | | n 3) | | | | | |
| REMAINING AFTER AMENDMENT Total * Independent * | HIGH NUMI PREVIC PAID I | BER PRESE | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * | Minus ** | · = , | | x19- | | OR | X\$/8= | |
| Independent * | Minus *** | . = | | X43= | | | ×86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | OR | <i>7</i> 0€ | |
| | | | · | +145= | . • | OR | t290= | |
| | | | AD | TOTAL DIT. FEE | | OR A | TOTAL DDIT: FEE | |
| (Column 1) | (Colum | | 13) | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGHE NUMB PREVIO PAID F | ER PRESEN | ıπ Γ | | ADDI- TONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT Total * N | Minus ** | = | | x\$9= | | | V¢10 - | ree. |
| Independent * N | Minus 444 | = | | | | OR | X\$[8= | |
| FIRST PRESENTATION OF MUL | TIPLE DEPENDENT | CLAIM | | X43= | (| OR | ×8€ | |
| If the entry in column 1 is less than the | entry in column C | O" in action 2 | + | 145= | | OR | +370= . | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEI The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | DR _{Ar} | TOTAL DIT FEE | |
| The Highest Number Previously Paid F | For" (Total or Independen | iess than 3, enter " it) is the highest nu | 3 " | | priale box | | | |